

PROGRAM STRUCTURE AND CONTENT

Evaluation of the Educational Event by Participants

July 7, 2014

Pompe Disease: Bench to Bedside Journey and Newborn Screening Initiatives

The following evaluation elements are required for all events providing continuing education contact hours.

Type of Continuing Education (CE) Requesting: _____

Name of Participant: _____

DEMOGRAPHICS

Please answer the below questions about yourself.

Are you currently enrolled as a Medicaid provider?

☐ Yes

☐ No

If not enrolled, do you provide services under the direction of an enrolled provider?

☐ Yes

☐ No

My specialty is:

☐ Administrative/Office Staff (*please also select the specialty of your office*)

☐ Allopathic & Osteopathic Physicians

☐ Behavioral Health & Social Service Providers

☐ Dental Providers

☐ Dietary & Nutritional Service Providers

☐ Physician Assistants & Advanced Practice Nursing Providers

☐ Respiratory, Developmental, Rehabilitative and Restorative Service Providers

☐ Speech, Language, and Hearing Service Providers

☐ Other, Unknown

☐ Other, Nurse

1. Your achievement of the learning objectives for this session/presentation/workshop/conference.

	Low				High
Determine clinical spectrum and pathophysiology of Pompe Disease	1	2	3	4	5
Identify treatment advances in Pompe Disease	1	2	3	4	5
Apply understanding of new natural history and complications of treated disease	1	2	3	4	5
Discuss the role of Newborn Screening in Pompe Disease	1	2	3	4	5

2. The presenter(s) competence and effectiveness. (Live presentations only)

Presenter 1: **Priya Kishnani, MD**

Low			High	
1	2	3	4	5

3. The learning methods and materials aided in your understanding of the subject.

Low			High	
1	2	3	4	5

4. The activity/session met your personal expectations.

Low			High	
1	2	3	4	5

5. The content of this educational event will be applicable and useful in your job//practice.

Low			High	
1	2	3	4	5

6. What new skill or idea will you implement into your job or practice within the next six months as a result of attending this educational event?

7. Did you perceive any conflict of interest (i.e., commercial support, product endorsement, or unannounced off-label product use) during the presentation?

☐ No ☐ Yes ☐ don't know/undecided

If you marked yes, please describe the conflict of interest you perceived.